

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/830582	FILING DATE
						APPLICANT(S) <i>Edushina</i>	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			1				51
2				1			52
3				2			53
4				1			54
5				2			55
6				2			56
7				2			57
8				2			58
9				2			59
10				2			60
11				2			61
12				2			62
13				2			63
14							64
15							65
16							66
17							67
18							68
19							69
20							70
21							71
22							72
23							73
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30							80
31							81
32							82
33							83
34							84
35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.			1				TOTAL IND.
TOTAL DEP.				20			TOTAL DEP.
TOTAL CLAIMS				23			TOTAL CLAIMS